FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L39024 (9)

1. Corporation Name

FIVE MILE CREEK, INC.

Principal Place of Business	Mailing Address
2600 HOMEPLACE LANE C/O JOHN YANAROS FORT PIERCE FL 34981	2600 HOMEPLACE LANE C/O JOHN YANAROS FORT PIERCE FL 34981

2. Principal Place of Business [21]
2a. Mailing Address [26]
Suite, Apt. #, etc. [22] Suite, Apt. #, etc. [27]
City & State [23] [28]
Zip [24] Country [25] Zip [29] Country [30]

3. Date Incorporated or Qualified: 12/29/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0178271 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Trust Fund Contribution ☐ ... Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

YANAROS, JOHN
2600 HOMEPLACE LANE
FORT PIERCE FL 34981

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	YANAROS, JOHN	
STREET ADDRESS	2600 HOMEPLACE LANE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	PD	☐ DELETE
NAME	SULLIVAN, MAUREEN	
STREET ADDRESS	5911 BUCHANAN DR.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VPS	☐ DELETE
NAME	YANAROS, ANNA	
STREET ADDRESS	2600 HOMEPLACE LANE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	T	☐ DELETE
NAME	SULLIVAN, GEORGE	
STREET ADDRESS	5911 BUCHANAN DR	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	D	☐ DELETE
NAME	SCHARFSCHWERDT, DARLENE	
STREET ADDRESS	7450 CASCADE ROAD SE	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John C. Yanaros 4-29-96 407-465-8781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #